

**DIRECTORATE OF ADULT, COMMUNITY &
HOUSING SERVICES.**

COMPLAINTS & COMPLIMENTS

**ADULT SOCIAL CARE SERVICES
ANNUAL REPORT**

April 1st 2009 – 31st March 2010

Policy Performance & Resources Division



Produced by the Quality & Complaints Team May 2010
The Quality & Complaints Team can be contacted for advice and information regarding making a Complaint, Compliment or Comment on 01384 813067 / 813068, by email at Complaints.DACHS@dudley.gov.uk Or in writing to The Quality & Complaints Team, Ednam House, St James Road, Dudley, DY1 3JJ.

1. INTRODUCTION

- 1.1 This Report provides information relating to the Adult Social Care Complaints, Comments and Compliments Procedure, during the period 1st April 2009 to 31st March 2010.
- 1.2 The Social Care procedure for Adult's complaints 2009/10 falls within 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. Follow the link to:- http://www.opsi.gov.uk/si/si2009/uksi_20090309_en_1
- 1.3 Every Local Authority with a responsibility for Social Care Services is legally obliged to provide an Annual Report into the workings of the complaints and representations procedures.
- 1.4 All adult social care service users and people who request a service are provided with information on how to complain, or to comment on services or make a compliment. Complaint information is displayed in all public reception areas. It is also given out at different stages by staff to adult social care service users.

1.5 THE QUALITY AND COMPLAINTS TEAM

- 1.6 The Quality & Complaints Team is part of the Policy Performance & Resources Division, within the Directorate of Adult Community and Housing Services. The team are responsible for the day to operation and management of all Social Care complaints for Adult and Children services and Housing Services complaints for the Directorate.
- 1.7 Our key objective in the management of all complaints is to achieve appropriate and effective resolutions within the shortest possible timescales.
 - Enabling the Directorate to learn from complaints, comments and compliments, and to change, review or maintain services accordingly.
 - Ensuring that complaints and comments are properly recorded and acted upon, and that where necessary things that have gone wrong are put right promptly.
 - Ensuring that staff and service users understand their rights, and responsibilities within the complaint process.

2 THE COMPLAINT PROCEDURES 2009/10

2.1 The complaints procedure for Adult Social Care Services changed on the 1st April 2009. In brief the procedure requires the following:-

- If a complaint is made verbally to the service concerned, every effort should be made to seek a resolution to it within 1 Working Day.
- All Complaints, other than those received verbally and resolved the same day must be sent to, and registered by, the Quality Complaints Team.
- The Quality & Complaints Team will consult with the relevant Manager or Head of Service to agree the appropriate action to take in seeking to address and resolve the complaint.
- The Quality & Complaints Team will contact the complainant to provide advice and information regarding the complaint process and explain who will be looking into the complaint.
- Written Response:- All complaints including those received verbally, must receive a written response, unless this is against the wishes of the complainant.
- The Quality & Complaints Team will continue to track the complaint to ensure a response is provided to the complainant and to follow up on any actions required and gather lessons to be learned.

2.2 **Timescales:-** The relevant timescales are:

- The complainant should present the complaint for a response / investigation within 12 calendar months of the incident occurring.
- The complaint must be acknowledged within 3 working days.
- The majority of complaints should be responded to and satisfactorily concluded within 10 to 20 working days. However, if the complaint is complex, requiring detailed enquiries or independent investigation, then timescale can, with the agreement of the complainant be extended to 25 working days up to a maximum of 65 working days.
- Each complaint requires an individual plan in order to look into the complaint speedily and effectively.
- The complaint process must be completed within 6 months.
- If the complaint procedure has been exhausted and the

complainant remains dissatisfied, they can, within twelve months of the final response approach the Local Government Ombudsman seeking further investigation to be carried out into the complaints by that office. If the Ombudsman determines that the complaint has not been looked into fairly and correctly by the Directorate, or that the service user has suffered an injustice in the services [S]he has received, then the Ombudsman could reach a finding of Maladministration.

2.4 CORPORATE COMPLAINTS:-

- 2.5 We also have a duty to comply with general complaints against the Council which do not fall within the boundaries of the Statutory Social Care Complaints process. These complaints are called corporate complaints and are dealt with under the Council's own Corporate Customer Feedback Procedure.

3. SUMMARY OF COMPLAINT & COMPLIMENT ACTIVITY 2009/10

- 3.1 The number of people receiving an adult social care service during 2009 / 10 was 12,121, from that figure we received **134** formal complaints for 2009-2010, a decrease of **55** compared to 2008/09.
- 3.2 There are a number of factors for the reduced number of complaints, not least that the new Regulations contain a greater focus and opportunities; to find an early resolution to complaints made verbally, before they become a 'formal' complaint.
- 3.3 The complaint Regulations do not impose timescales, however the Directorate values the need to provide a timely response to all complaints and as a result it sets a response target timescale of 10 to 20 working days to conclude and resolve each complaint received. Just over 80% of the complaints were satisfactorily concluded within the 10 to 20 days allowed with 69 complaints resolved inside 10 working days. Refer to 6.7 in this report for full details.
- 3.4 In 2009/10 Adult Social Care maintained its long record of no findings of maladministration by the Local Government Ombudsman in relation to any complaints made to that office concerning Dudley Adult Social Care Services.
- 3.5 **Compliments:-** The total number of compliments received for 2009/10 is **272**, a slight reduction to the record high of **291** for the period 2008/09. This figure can also be compared to **236** for 2007/08 and **232** for 2006/07.
- 3.6 Complaint Training:- Formal training with regards to the new complaint Regulations was provided to more than 100 Managers/Seniors and front line staff during 2009/10 . This figure does not include informal training provided to staff during visits to teams and various establishments this year. The training was developed and provided on each occasion by the Quality & Complaints Team.
- 3.7 Social Care and Health Protocol:- In May 2009 a Protocol for handling complaints which relate to both Adult Social Care and Health Services was implemented. This enables Social Care services and Health Services to provide a co-ordinated, joint response to complaints which refer to both health and social care services.
- 3.8 Social Care Services commission a number of external agencies to provide some of the services needed by our service users. It is important to stress that all services users continue to have the right to use the statutory social care complaint procedure if or when things go wrong. Contracts drawn up by Commissioning Services with external providers contain specific requirements for providers to comply with in relation to complaints made to them by or on behalf of service users.

New leaflets have been developed this year giving advice to service users/relatives/carers about their right to pursue a complaint.

- 3.9 During 2009/10 the Quality & Complaints Team developed closer links with the Beacon Centre for the Blind, carrying out 'presentations – talks to residents, visitors and staff and providing details of how to complain, compliment or comment via the 'Talking Newsletter'.
- 3.10 The Quality & Complaints Team also took part in community events and delivered presentations to groups such as the Yemini community group, the Dudley User [Carer] Forum and others.

4. LEARNING FROM COMPLAINTS:-

4.1 The focus in dealing with all complaints is seeking a timely and satisfactory resolution, where lessons are learned and where outcomes from complaints can inform service improvements. The following are examples of the learning from complaints which has taken place across the Directorate in 2009/10.

4.2 **Details of Complaint.** Complaint received in respect of missed calls by carers:

Details of learning: The service has put in place new, improved control measures, focusing on improved communication with the Supervisor and Service User. This will lead to a clear process to inform service users/carers if there are any difficulties in calls being carried out, in advance of any difficulties. Where a 'regular' carer is off sick they will be replaced until their return with another regular carer, keeping the need for different carers to a minimum.

4.3 **Details of Complaint;** Concern that a care package had not been put in place at the point of discharge from hospital:

Details of learning; To avoid this happening again, Hospital Social Work Team and the Locality Teams, additional staff resources have been put into place to arrange care for patients being discharged for 'restarts' to be arranged more smoothly.

4.4 **Details of Complaint:** Respite request made but later found not to have been booked:

Details of learning: Changes to respite bookings arrangements. Managers will write to the Team and Respite establishments, requesting them to confirm all bookings in writing and to enter and save those details to the electronic systems. This should avoid repetition of difficulties and provide further clarity of roles and responsibilities.

4.5 **Details of Complaint:** Involving a person with complex health needs and expectations around Home Care staff responding to an emergency within the family home:

Details of learning: A number of actions have taken place arising out of a complaint involving assisting a person with multiple health needs within their home. Instructions, training & general awareness have been made available to Homecare Assistants in relation to issues arising from PEG feeding. Joint discussions have taken place with training services in social care and within the Health Services, looking at ways of improving the training and information provided to care staff in relation to issues such as PEG feeding, Tracheotomies, but also in other areas where new and increased knowledge is required.

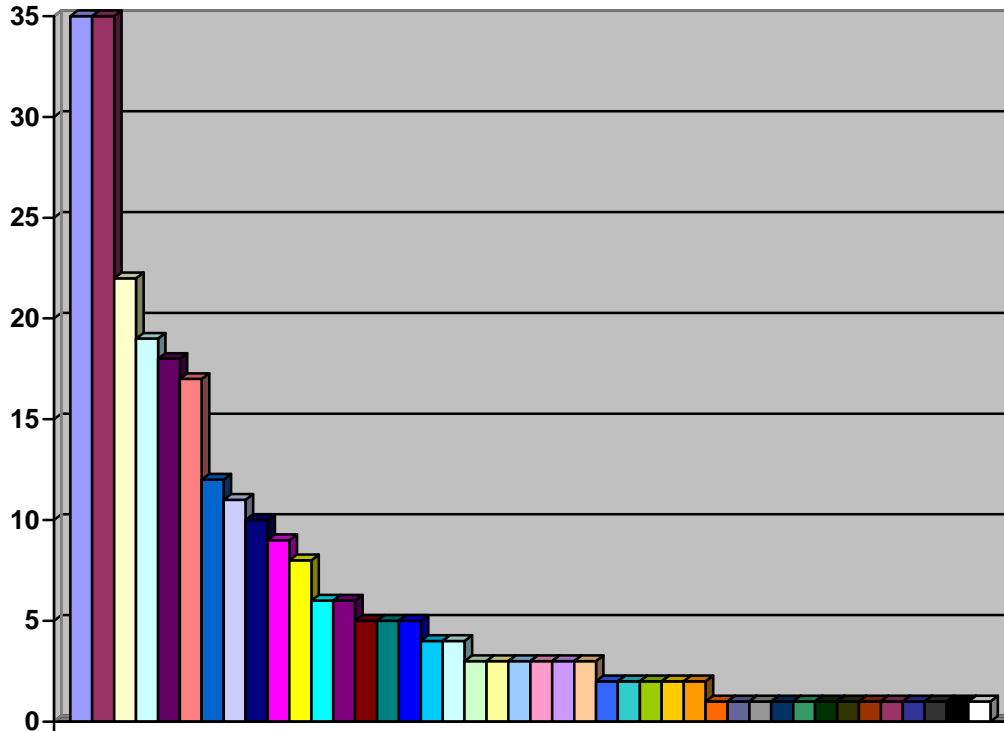
Familiarisation training has been put in place for staff who care for service users with specialist needs such as peg feeding. Guidance in relation to the actions staff are required to take in the event of an emergency has been circulated and raised in supervision sessions across all home care services.

4.6 **Details of Complaint:** A Service User suffered an injury whilst at his Day Centre, he was taken to hospital by car, by staff, rather than an Ambulance being called:

Details of learning: The motive for taking the service user to hospital by car was a genuine concern for the Service User and a belief that it would be quicker to transport him by car. However, concern was expressed by relatives that this action could have added to his known health difficulties. Existing Guidance was reinforced across all services in relation to the need to seek emergency aid to a service user rather than taking independent action.

5. COMPLIMENTS 2009/10

5.1 The total number of compliments received for 2009/10 is **272**, a slight reduction to the **291** for the period 2008/09. This figure can also be compared to **236** for 2007/08 and **232** for 2006/07.



| | |
|-------------------------------------|-----------------------------------|
| Occupational Therapy (35) | START (35) |
| Hearing Impairment & Deafblind (22) | Pathways Team (19) |
| New Swinford Hall (18) | Home Safety Team (17) |
| H'Owen Locality Team (12) | Falls Team (11) |
| Tiled House Lane (10) | Vision Support Services (9) |
| S'Bridge Locality Team (8) | Policy Performance & Quality (6) |
| Pallative Care Support Team (6) | Accountancy & Finance (5) |
| Community Equipment (5) | Sedgley Locality Team (5) |
| CC Mainstream - Dudley (4) | CC Mainstream - S'Bridge (4) |
| Netherton Locality Team (3) | CC Mainstream - Brierley Hill (3) |
| Brierley Hill Locality Team (3) | CC Mainstream - Sedgley (3) |
| Private Sector Housing (3) | Queens Cross Day Centre (3) |
| Sheltered Housing (2) | Direct Payments Co-Ordinator (2) |
| New Bridge House (2) | Moving & Handling Team (2) |
| Hospital Social Work Team (2) | Carer Co-Ordinator (1) |
| CC Mainstream - H'Owen (1) | Shenstone (1) |
| Ambelcote House (1) | New Bradley Hall (1) |
| Brettell Lane Day Centre (1) | PULSE Team (1) |
| Asset Mgt Accommodation & ICT (1) | Beulah Court (1) |
| Supporting People (1) | Marketing & Communication (1) |
| Prestwood Domicillary Agency (1) | EDT Team (1) |

5.2 We can see that some **42** separate services received a compliment this year. The Occupational Therapy service and the 'short term assessment and re-ablement team' [START] jointly received the most with **[35]** Hearing Impairment and Deaf-Blind services received the second largest amount with **22**.

5.3 Examples of Compliments

Home Care Services:- Without their love and support and tender care, my mother would not be here today. They telephoned me on the evening as my mother would not let them telephone for a Doctor or Ambulance, and would only let me. If they had not acted the way they did there is no question about it my mother would have died, and because of their action I owe her life to them.

Palliative Care Support Team The service we received was first class, superb in every way, as was the District Nurse services. I would not have coped without these girls and my gratitude cannot be overstated. Right until the end we were treated with 100% courtesy, sympathy and care, professional /knowledge and expertise. My congratulations and thanks to everyone concerned you have a service and staff to be proud of.

Home Care:- Our Uncle passed away peacefully at Russell's Hall Hospital. J and I would like to thank you and all those who looked after him during the last nine years. The service provided to him has always been professional, courteous and friendly. They indeed helped to make our Uncle's widowed years comfortable. We cannot thank you enough.

START:- The professional care, consideration and friendliness has been amazing. We have benefited from every team members time with us. Please give them our thanks.

Social Worker We have looked after my wife's Aunt for the past 6 months but she has gradually got worse. The Social Worker has been wonderful, very professional she has assessed the situation and been helpful with the extra care plan. I cannot praise her enough, excellent service.

Pathways:- B proved to be an excellent carer with her total commitment, support and kindness to me before and after my operation. Quite frankly she was someone I became to rely upon for advice and help during particularly difficult times. I do not know what I would have done without her. She is a inspiration and a great asset to Pathways.

Disabilities Services:- I was having great difficulty in my day to day life. I was feeling physically and mentally very fragile and did not know how I would cope. I am writing to say what a "credit" A is to the team. She was patient, reassuring, kind and had all the patience in the world with me, and explained everything to me very clearly, and when she left my spirit was lifted and I was left feeling a lot more positive about my disability. I cannot thank you enough for your help.

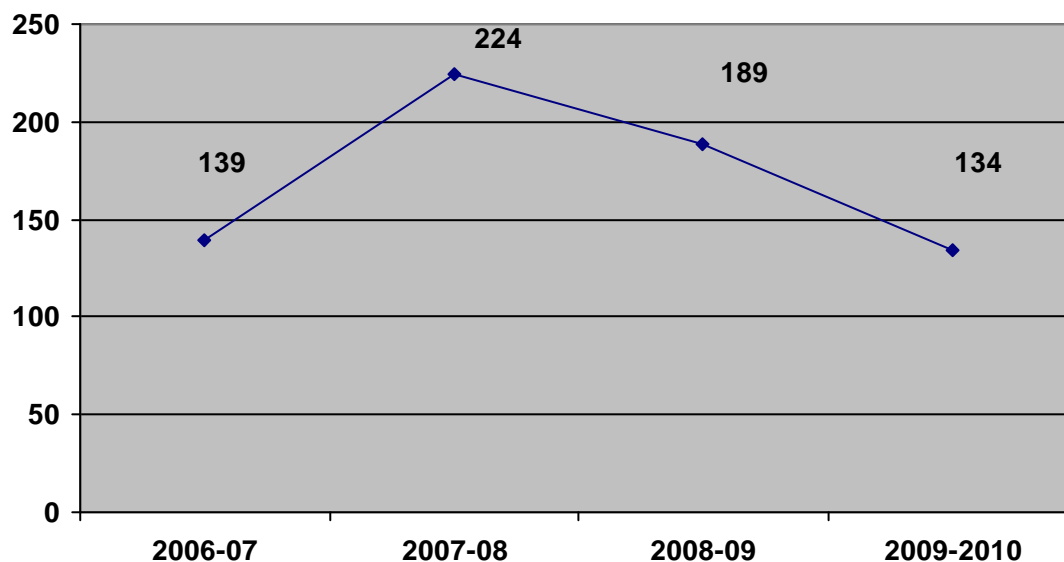
Residential Care Services:- A thank you for Tiled House Lane for the 100th Birthday party arranged for my mom.... thank you for making it a day to remember, my thanks also for the care you show mom.

Social Worker:- PB came to see me regarding my brother, whom I have cared for over the last 10 years. I was in need of someone to talk to and listen to me, as my situation was at this point very strained and I think I was close to a break-down, PB was extremely helpful and has given me a lot of information and advice regarding our situation. Thank you PB and Social Services.

START:- I would like to say thank you to all the girls on the START Team that came in to help my mother, after my father passed away. All the START Team were very kind, and always had a caring and friendly approach to both mom and me, we are very grateful to them for their patience and professional approach. The girls you have on the START Team are a treasure to the community, and we would be grateful if you would let them know how important they really are.

6. COMPLAINT ACTIVITY:- 2009/10

6.1 The chart below provides a comparison with regards to the number of Adult Social Care complaints registered over the last 4 years.

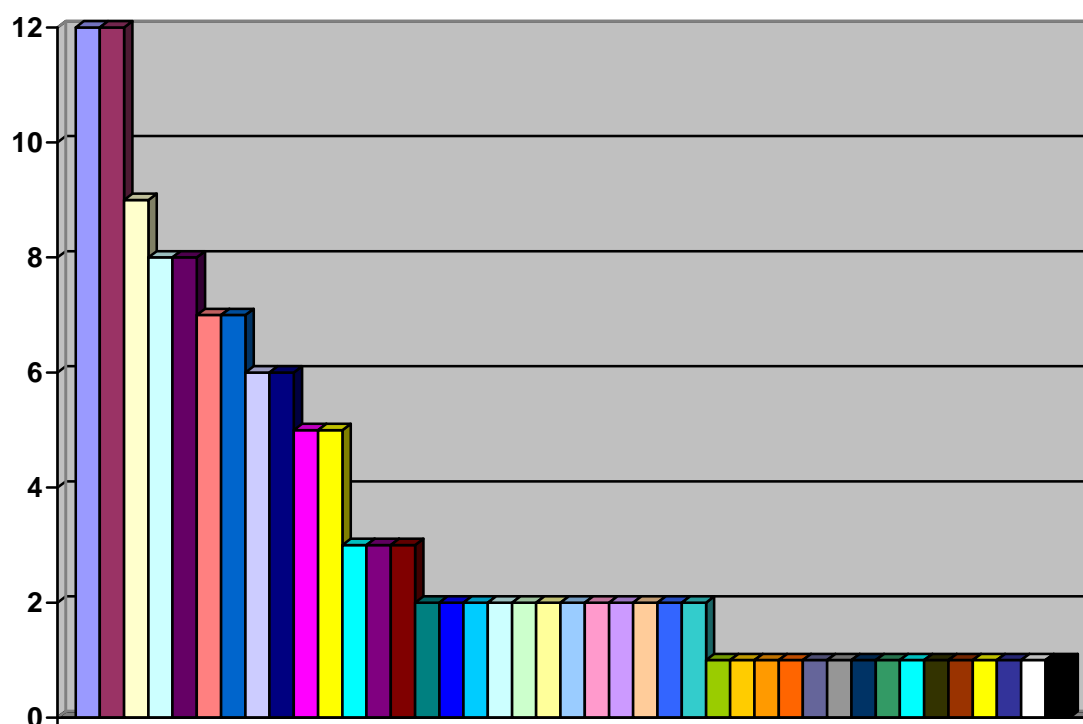


6.2 This chart shows there has been a decrease in complaints received this year, down from **189** for 2008-09 to **134** for 2009-2010, a decrease of **55**.

6.3 There are a number of factors to explain the reduced numbers of complaints other than any increased satisfaction with the services. The new complaint Regulations requires that all written complaints must be registered, however, the Regulations also provides some flexibility whereby any complaint received verbally that can be resolved the same day does not need to be registered as a complaint. Dudley's complaint training and Guidance focuses on early, speedy resolution to complaints and the evidence points to Managers resolving complaints early and effectively

7. THE SERVICE AREAS IN RECEIPT OF A COMPLAINT:-

7.1 The 134 complaints received involved 41 separate service areas.



| | |
|---|--|
| <ul style="list-style-type: none"> ■ H'Owen Locality Team (12) ■ S'Bridge Locality Team (9) ■ Brierley Hill Locality Team (8) ■ Sedgley Locality Team (7) ■ CC Mainstream - Dudley (6) ■ CC Mainstream - H'Owen (5) ■ Brierley Hill CTLD (3) ■ CC Mainstream - S'Bridge (2) ■ PULSE Team (2) ■ C UK S'bridge (2) ■ Directorate Policy (2) ■ START (2) ■ Amblecote SEC (2) ■ Dudley CTLD (1) ■ New Swinford Hall (1) ■ Stourbridge CTLD (1) ■ Corporate (1) ■ CC Mainstream - Sedgley (1) ■ G Court (1) ■ PW (1) ■ T L (External) (1) | <ul style="list-style-type: none"> ■ Occupational Therapy (12) ■ Accountancy and Finance (8) ■ Netherton Locality Team (7) ■ CM (6) ■ Amblecote House (5) ■ Local Authority Transport (3) ■ C UK (3) ■ Halesowen CTLD (2) ■ CW (2) ■ Hospital SW Team (2) ■ Russell Court (2) ■ Reviewing Team (2) ■ Community Equipment Stores (2) ■ H'Owen Administration (1) ■ Disabled Living Centre (1) ■ The Pavillions Day Centre (1) ■ Brett Young Day Centre (1) ■ Sheltered Housing (1) ■ CC Mainstream - Brierley Hill (1) ■ C House (External) (1) |
|---|--|

7.2 No one service received a disproportionate number of complaints. Halesowen Locality Team and Occupational Therapy Team both receiving 12. Stourbridge Locality Team received 9. Accountancy and Finance received 8 compared to 2 for last year.

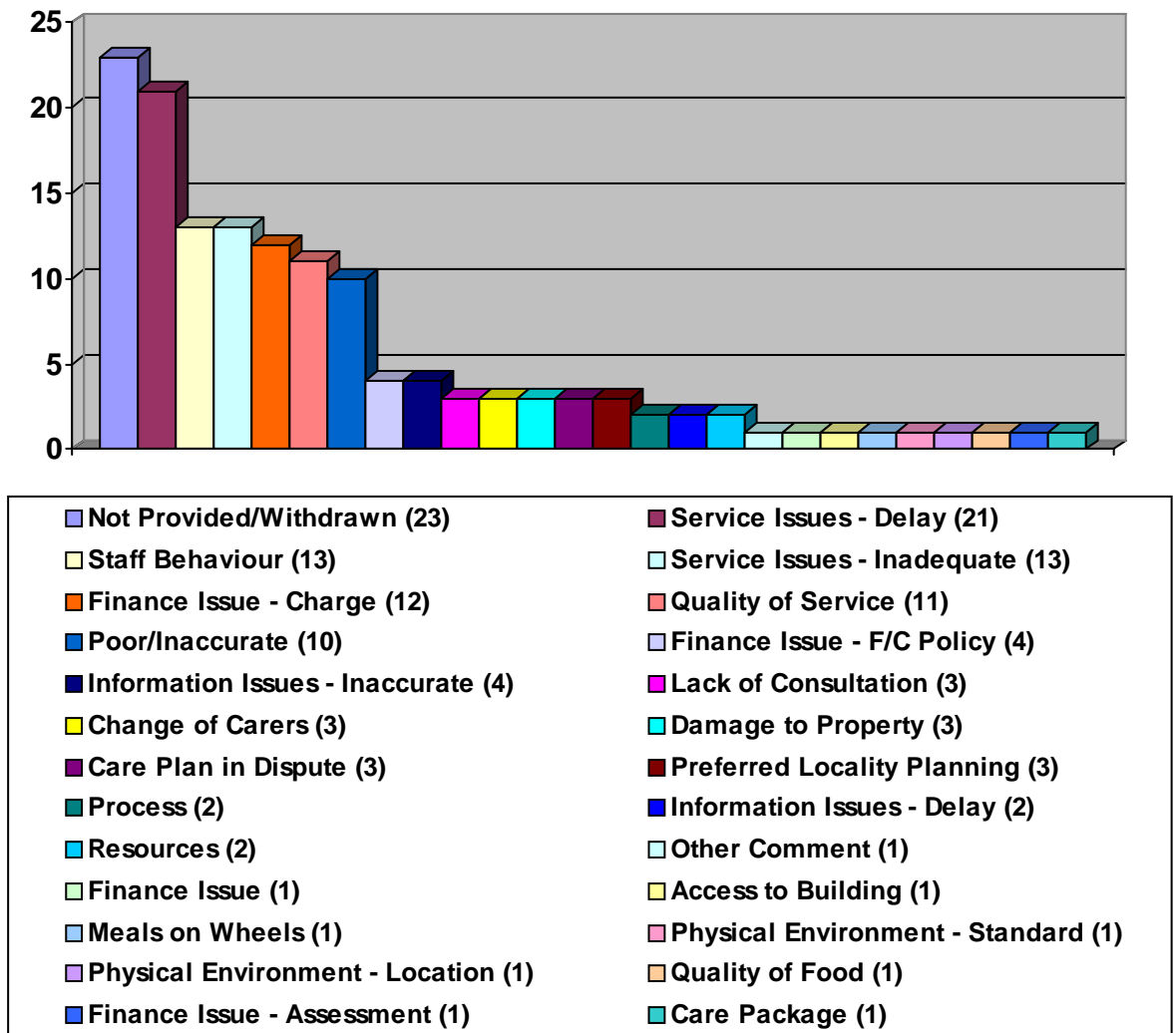
7.3 **Services Provided by External / Independent care agencies.** Service users of Dudley Adult Social Care Services continue to have the statutory right to complain to the Council where the service is being

provided on behalf of the Directorate. There has been an increase in complaints received in respect of external domiciliary care services up from **1** last year to **14** this year and it is anticipated that the figure will rise this year. The Quality and Complaints Team have issued a leaflet for Service Users to raise their awareness that they are entitled to use our statutory process to look into complaints on their behalf.

8. THE SERVICE ISSUES (141)

8.1 This is the 'issue' being raised by the complainant.

8.2 There have been **141** issues recorded this financial year over **41** service areas. The largest number of issues recorded were in respect of services not provided or withdrawn with **23**, and delay in service issues with **21**.



8.3 Examples of Issues:-

Not Provided/Withdrawn:

- Withdrawal of transport for PULSE Services.
- Carer from private domiciliary agency not turning up.
- Complaint from daughter of Service User with regards to a respite bed not booked as requested.
- Reduced service due to repairs to the roof at Amblecote House.

Delay:

- A complaint from the daughter of service user regarding a reassessment that was due but had been overlooked.
- Complaint raised by Service User regarding length of time to put care package into place following assessment.
- Letter of complaint received regarding length of time for an assessment for care package from a Locality Team

Quality of Service:

- Neighbour of Service User regarding parking of vehicle when he is being collected, also the attitude of the driver.
- Complaint from the niece of a Service User saying her aunt had been hit in the mouth with the hoist whilst carers were hoisting her.

Finance Issues:

- Complaint regarding a letter from Finance in respect of residential charges for her husband who died on 5th March, letter received 9th March, complainant unhappy with receipt of letter so close to her husband's death
- A complaint regarding the issue of having to have two carers attending and paying for two carers due to health and safety issues

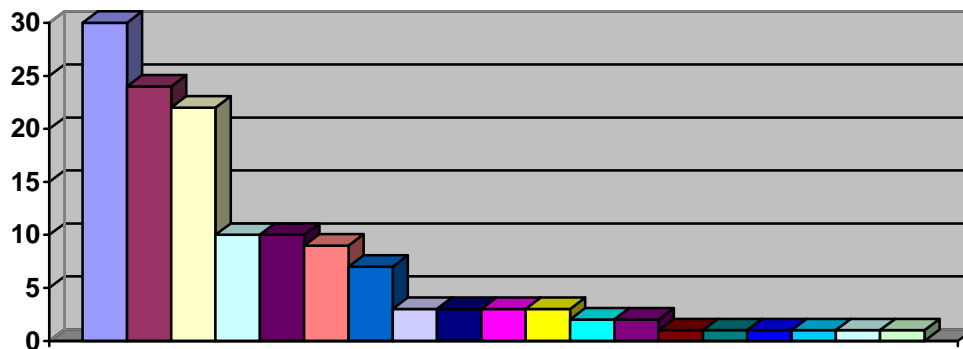
Staff Behaviour:

- Complaint regarding attitude of worker allegedly saying they were not a priority.
- Complaint received from brother of service user regarding care plan/package provided by external care agency, and the attitude of the workers to the family members.

9. HOW RECEIVED

9.1 There are a variety of access points to the complaint process. A statutory requirement exists for all adult social care complaints to be registered; this is carried out for the Directorate by the Quality & Complaints Team.

9.2 The chart below indicates the largest number of complaints received is directly to the Quality & Complaints Team by leaflet, letter or telephone with **70**. Managers received the second largest amount of complaints by leaflet, letter and telephone with **29**.

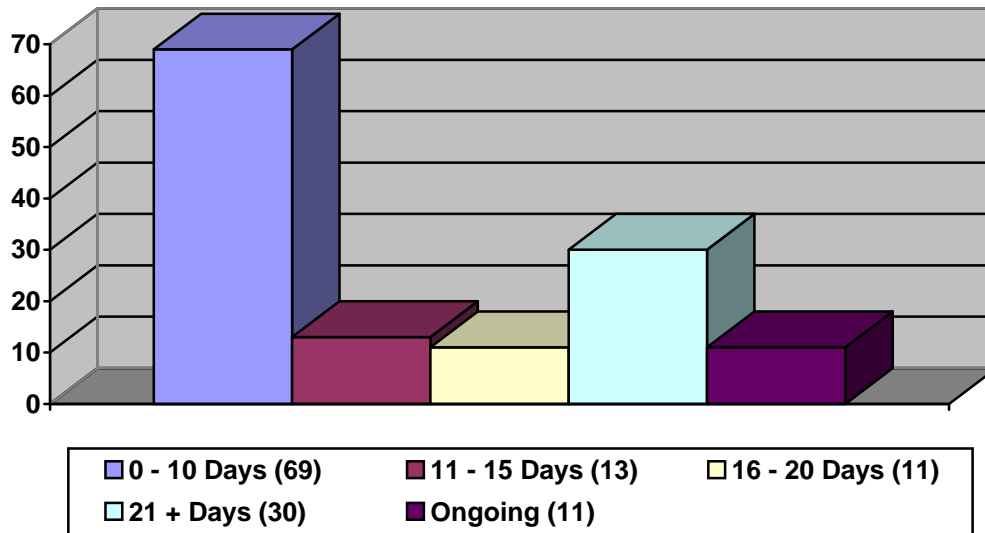


| | |
|---------------------------------|----------------------------------|
| Complaints Team - Leaflet (30) | Complaints Team - Telephone (24) |
| Complaints Team - Letter (22) | Manager - Letter (10) |
| Manager - Leaflet (10) | Manager - Telephone (9) |
| Complaints Team - Email (7) | Complaints Team - Fax (3) |
| Assistant Director - Letter (3) | Director - E Mail (3) |
| Director - Letter (3) | Manager - In Person (2) |
| Commissioning (2) | Manager - Email (1) |
| Manager - Fax (1) | Health Trust (1) |
| Complaints Team - In Person (1) | Chief Executives - Letter (1) |
| Heads of Service - Letter (1) | |

9.3 All complaints, however received, are acknowledged within three working days, before a Manager, Snr Manager is tasked with looking into and responding to the complaint. The Quality & Complaints Team is responsible for tracking each complaint to ensure it receives a speedy, effective written response.

10. TIMESCALES

10.1 The timescales for resolving complaints during 2009/10 remains generally satisfactory, with the majority of all complaints seeing a resolution within 10 to 20 working days. **69** complaints have been resolved/responded to within **10** working days, a further **24** were concluded within 20 days during this year. **22% (30)** were responded to or ongoing after the 21 days



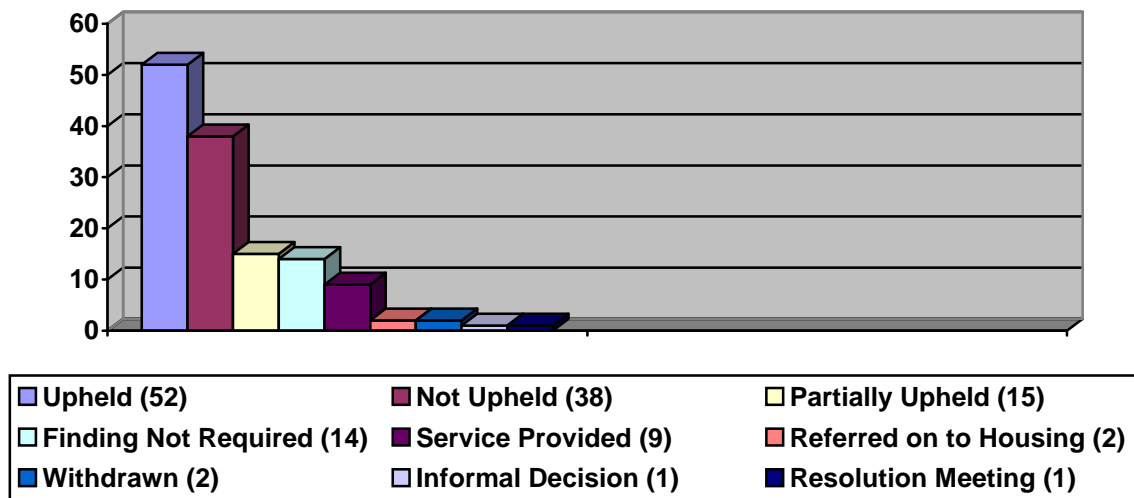
10.2 **11** complaints 8.2% remain ongoing,

10.3. This next financial year the Quality and Complaints Team hope to see more responses received from external providers within timescales, work is ongoing to achieve this.

10.4. Those complaints that fell outside the 20 day timescale did so for reasons such as:-

- Complaints which progressed through Safeguarding Procedures
- Complaints which, with the agreement of the complainant took longer to look into and resolve due to the need for detailed enquiries, or resolution meetings, specific actions.

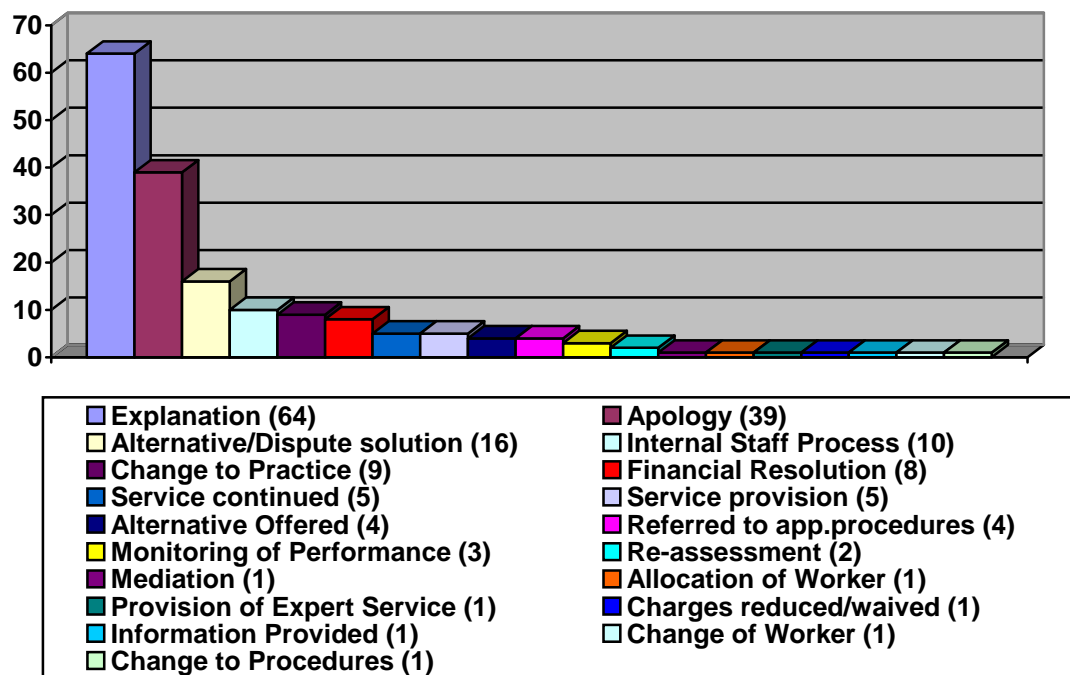
11. OUTCOMES IN TERMS OF FINDINGS:-



11.1 The above chart indicates that **52** complaints were upheld, with **38** complaints not upheld.

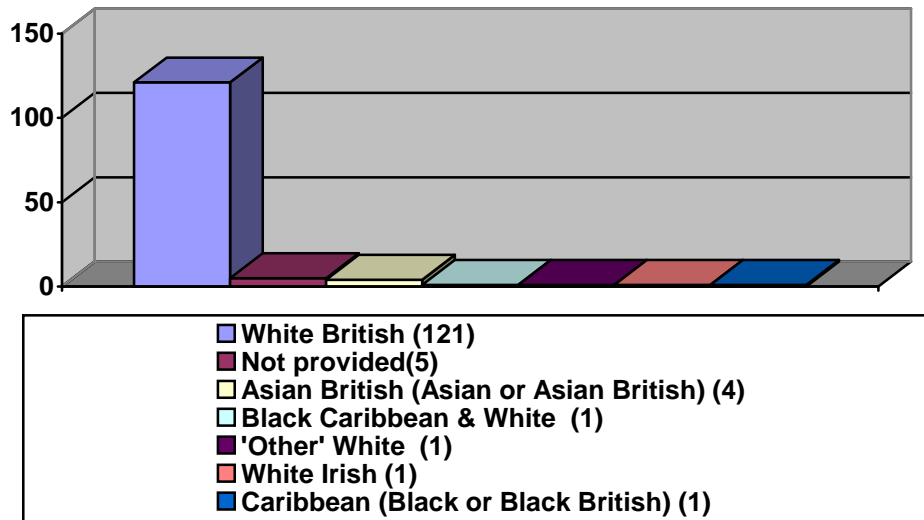
12. REMEDY:-

12.1 This indicates the action taken in resolving the complaint. There have been **176** remedies recorded in respect of **134** complaints. Complaints can receive more than one remedy for each complaint i.e., an apology and explanation.



13. ETHNICITY

13.1 As in previous years the majority of people who used the complaint process are British/White. During 2009/10 the Quality & Complaints Team carried out visits to community groups to develop and circulate new publicity material, and to raise awareness of the complaint process. The Quality & Complaints Team will continue to try to raise awareness and improve accessibility to the complaint process for all Adults in receipt of a service during 2010 /11.



14. ELECTED MEMBERS VISITS TO SOCIAL CARE ESTABLISHMENTS

14.1 Each year Elected Members are nominated by their Area Committees to carry out required visits to Dudley MBC Social Care establishments. Members are provided with a schedule of visits covering all social care establishments, together with feedback forms to complete during their visits.

14.2 Service users, and staff are provided with the opportunity to put forward any thoughts or comments to Members who then clearly take full and proper account of this in their feedback.

14.3 The feedback forms, once completed are sent to the relevant Assistant Director. This provides the opportunity for Members to put forward immediate and valuable information, observations and comments regarding their visits, together with specific requests for action or a response to any issues arising out of the visit. Any action taken as a result of the feedback from Members is monitored to ensure it takes place. Clearly, this is a valuable and vital tool in our ongoing aim of continually learning and developing our services for all people using services.

End of Annual Complaint Report 2009/10.